

SERIAL NUMBER 09/057,261	FILING DATE 04/08/98	CLASS 704	GROUP ART UNIT 2741	ATTORNEY DOCKET NO. TELNP0157US
-----------------------------	-------------------------	--------------	------------------------	------------------------------------

APPLICANT
TIMOTHY P. O'HAGAN, THE WOODLANDS, TX.

CONTINUING DOMESTIC DATA***

VERIFIED

R71

371 (NAT'L STAGE) DATA***

VERIFIED

R71

FOREIGN APPLICATIONS***

VERIFIED

R71

FOREIGN FILING LICENSE GRANTED 04/21/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 7
---	---	------------------------	----------------------	--------------------	-------------------------

Verified and Acknowledged R71 Examiner's Initials _____ Initials _____

ADDRESS
RENNER OTTO BOISSELLE AND SKLAR ~~HIMANSHU S. AMIN~~
HIMANSHU S. AMIN ~~3 Eschweiler L.L.P.~~
1621 EUCLID AVE ~~24th Floor, National City Center~~
CLEVELAND OH 44115 ~~1000 East 9th Street~~

TITLE
SPEECH RECOGNITION SYSTEM AND METHOD FOR EMPLOYING THE SAME

FILING FEE RECEIVED \$1,162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--------------------------------	---	---

Printed 08/27/2003

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N
09/057,261	04/08/1998	704	2645	TELNP0157US

APPLICANT
TIMOTHY P O'HAGAN, THE WOODLANDS, TX.

CONTINUING DOMESTIC DATA***
VERIFIED

None

371 (NAT'L STAGE) DATA***
VERIFIED

None

FOREIGN APPLICATIONS***
VERIFIED

None

FOREIGN FILING LICENSE GRANTED 04/21/1998

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWINGS 12	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 7
Verified and acknowledged DAVID R. MURRAY	Examiner's Name Initials				

ADDRESS
AMIN & TUROCY, LLP
1900 EAST 9TH STREET, NATIONAL CITY CENT
24TH FLOOR,
CLEVELAND, OH 44114

TITLE
SPEECH RECOGNITION SYSTEM AND METHOD FOR EMPLOYING THE SAME